

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

ACU-PAC

ADDRESS (number and street)

5101 MACARTHUR BLVD NW

SUITE 200

☐Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20016

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00457291

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2009

through

12

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

SCOTT MACKENZIE

Signature of Treasurer Electronically Filed by SCOTT MACKENZIE

Date

01

18

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 111

Write or Type Committee Name
ACU-PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		0.00
(b) Cash on Hand at Beginning of Reporting Period	15618.52	
(c) Total Receipts (from Line 19)	354891.52	442484.01
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	370510.04	442484.01
7. Total Disbursements (from Line 31)	324864.98	396838.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	45645.06	45645.06
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	21000.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 111

Write or Type Committee Name

ACU-PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
1	2	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	79623.00	102625.00
(ii) Unitemized	275268.52	339859.01
(iii) TOTAL (add Lines 11(a)(i) and (ii)	354891.52	442484.01
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	354891.52	442484.01
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	354891.52	442484.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	354891.52	442484.01

DETAILED SUMMARY PAGE

of Disbursements

4 / 111

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	319864.98	391838.95	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	319864.98	391838.95	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	5000.00	5000.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	324864.98	396838.95	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	324864.98	396838.95	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 111

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	354891.52	442484.01
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	354891.52	442484.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	319864.98	391838.95
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	319864.98	391838.95

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MARY ADAMS 662

Mailing Address 7223 MISSION RD APT 110

City

PRAIRIE VILLAGE

State

KS

Zip Code

66208

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2010

☒ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	9

Transaction ID: SA11AI.22400

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MISS GERTRUDE L AGOGLIA 112

Mailing Address PO BOX 150596

City

BROOKLYN

State

NY

Zip Code

11215

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2010

☒ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	9

Transaction ID: SA11AI.13855

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

STEVEN F AHLERS 550

Mailing Address 32560 335TH AVE

City

LAKE CITY

State

MN

Zip Code

55041

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYEDOccupation
FARMER

Receipt For: 2010

☒ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	9

Transaction ID: SA11AI.28661

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MIKE ALLEN 752

Mailing Address 14860 MONTFORT DR STE 209

City

DALLAS

State

TX

Zip Code

75254

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROVIDENCE ENERGY CORP

Occupation
SELF EMPLOYED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.24758

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

NORMAN H ASBJORNSEN 741

Mailing Address 2202 S TROOST AVE

City

TULSA

State

OK

Zip Code

74114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
CEO

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.18037

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MR GARY ATWOOD 737

Mailing Address 2829 WILDWOOD DR

City

ENID

State

OK

Zip Code

73703

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATWOODS DISTRIBUTORS

Occupation
RETAILER

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.28866

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR FRANK BAIO 112

Mailing Address 1810 W 7TH ST

City

BROOKLYN

State

NY

Zip Code

11223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.24301

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MS BARBARA BAKER 840

Mailing Address 10 DAWN HILL DR

City

SANDY

State

UT

Zip Code

84092

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHALLENGER SCHOOLS

Occupation

ADMINISTRATOR

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.21078

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

MS BARBARA BAKER 840

Mailing Address 10 DAWN HILL DR

City

SANDY

State

UT

Zip Code

84092

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHALLENGER SCHOOLS

Occupation

ADMINISTRATOR

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.21079

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR POLLARD BARRY 737

Mailing Address 102 S VAN BUREN ST FL TOP

City	State	Zip Code
ENID	OK	73703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary
 ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	0	9

Transaction ID: SA11AI.28447

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

WILLIAM H BECK 737

Mailing Address 426 N CIMARRON ST

City	State	Zip Code
HENNESSEY	OK	73742

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2010

☒ Primary
 ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	9

Transaction ID: SA11AI.23970

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MR HAROLD E BELDT 512

Mailing Address 2672 LILY AVE

City	State	Zip Code
SHELDON	IA	51201

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2010

☒ Primary
 ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	9

Transaction ID: SA11AI.20301

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR HAROLD E BELDT 512

Mailing Address 2672 LILY AVE

City

SHELDON

State

IA

Zip Code

51201

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.20300

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

MR MARTIN J BIENENSTOCK 105

Mailing Address 514 MT HOLLY RD

City

KATONAH

State

NY

Zip Code

10536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
ATTY

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.28260

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

GERARD C BISHOP 119

Mailing Address PO BOX 366

City

WEST HAMPTON BEACH

State

NY

Zip Code

11978

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.24081

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

735.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MRS MARY BISSETTE 279

Mailing Address 2542 VIRGINIA RD
2542 VIRGINIA RD

City State Zip Code
EDENTON NC 27932

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.14351

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MRS MARY BISSETTE 279

Mailing Address 2542 VIRGINIA RD
2542 VIRGINIA RD

City State Zip Code
EDENTON NC 27932

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.14349

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR KAREN BLAKE 460, JR

Mailing Address 11179 ESTANCIA WAY

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.15837

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR RON BLALOCK 730

Mailing Address PO BOX 900

City

JONES

State

OK

Zip Code

73049

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE BREIT CO.

Occupation

LOAN OFFICER

Receipt For: 2010

☒ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	9

Transaction ID: SA11AI.22324

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

MR CHARLES BORCHELT 630

Mailing Address 419 BROOKTREE DR

City

BALLWIN

State

MO

Zip Code

63011

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

RETIRED

Receipt For: 2010

☒ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

Transaction ID: SA11AI.30205

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MR MIKE BOSTICK 730

Mailing Address PO BOX 113

City

CRESCENT

State

OK

Zip Code

73028

FEC ID number of contributing
federal political committee.

C

Name of Employer
BOSTICK SERVICE CORP

Occupation

OWNER OILFIELD CONTRACTOR

Receipt For: 2010

☒ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	0	9

Transaction ID: SA11AI.24540

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

DALE D BOWEN 731

Mailing Address 8636 SW 2ND ST

City

OKLAHOMA CITY

State

OK

Zip Code

73128

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

CONSTRUCTION

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	9

Transaction ID: SA11AI.20538

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MS FUMIE BOYCE 985

Mailing Address 4532 INTELCO LOOP SE APT 354

City

LACEY

State

WA

Zip Code

98503

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	0	9

Transaction ID: SA11AI.20197

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MS FUMIE BOYCE 985

Mailing Address 4532 INTELCO LOOP SE APT 354

City

LACEY

State

WA

Zip Code

98503

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Transaction ID: SA11AI.20198

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

1275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MRS VIRGINIA W BROWN 201

Mailing Address 828 VAN BUREN ST

City

HERNDON

State

VA

Zip Code

20170

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.27719

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MS MARY MAXINE BROWN 730

Mailing Address 16420 ERNEST CT

City

EDMOND

State

OK

Zip Code

73013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.27612

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

WALTER BROWN 731

Mailing Address 12912 CASTLEROCK CT

City

OKLAHOMA CITY

State

OK

Zip Code

73142

FEC ID number of contributing
federal political committee.

C

Name of Employer
BRYSON INC

Occupation
CHAIRMAN

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.24491

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

WALTER BROWN 731

Mailing Address 12912 CASTLEROCK CT

City

OKLAHOMA CITY

State

OK

Zip Code

73142

FEC ID number of contributing
federal political committee.

C

Name of Employer
BRYSON INC

Occupation
CHAIRMAN

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.24492

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

BARRY G BRYANT 731

Mailing Address 11200 OAKLEAF LN

City

OKLAHOMA CITY

State

OK

Zip Code

73131

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
BUSINESS OWNER

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.28160

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

MRS SUZANNE G CALLIHAN 740

Mailing Address 442 SOONER PARK RD

City

BARTLESVILLE

State

OK

Zip Code

74006

FEC ID number of contributing
federal political committee.

C

Name of Employer
CONOCO PHILLIPS

Occupation
BUSINESSMAN

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.27200

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR LOUIS T CAMILLERI 117

Mailing Address 1603 DEWEY AVE

City

NORTH BELLMORE

State

NY

Zip Code

11710

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.13914

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

MR TOMMY LEE CAMPBELL 741

Mailing Address 1123 E 25TH ST

City

TULSA

State

OK

Zip Code

74114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
CPA

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.28070

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MR JOHN CASSIDY 740

Mailing Address PO BOX 200

City

STROUD

State

OK

Zip Code

74079

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
OIL PRODUCER

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.21995

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR JOHN CASSIDY 740

Mailing Address PO BOX 200

City

STROUD

State

OK

Zip Code

74079

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

OIL PRODUCER

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	9

Transaction ID: SA11AI.21997

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR JOHN CASSIDY 740

Mailing Address PO BOX 200

City

STROUD

State

OK

Zip Code

74079

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

OIL PRODUCER

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: SA11AI.21996

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MRS MARGARET C CAENEY 334

Mailing Address 11090 TURTLE BEACH RD APT A203

City

NORTH PALM BEACH

State

FL

Zip Code

33408

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

HOMEMAKER

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	9

Transaction ID: SA11AI.26343

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR H JERRELL CHESNEY 748

Mailing Address 2500 E HIGHLAND ST

City

SHAWNEE

State

OK

Zip Code

74801

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.23074

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

MR H JERRELL CHESNEY 748

Mailing Address 2500 E HIGHLAND ST

City

SHAWNEE

State

OK

Zip Code

74801

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.23075

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

GEORGE D CHRISTIANSEN 730

Mailing Address 19460 SPORTSMANS RD

City

EDMOND

State

OK

Zip Code

73012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.25782

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MS ELIZABETH COE 731

Mailing Address 6433 GRANDMARK DR

City

NICHOLS HILLS

State

OK

Zip Code

73116

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.23667

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MRS GRACE K COHANE 113

Mailing Address 3335 UTOPIA PKWY

City

FLUSHING

State

NY

Zip Code

11358

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.13873

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MRS GRACE K COHANE 113

Mailing Address 3335 UTOPIA PKWY

City

FLUSHING

State

NY

Zip Code

11358

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.13872

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MRS GRACE K COHANE 113

Mailing Address 3335 UTOPIA PKWY

City

FLUSHING

State

NY

Zip Code

11358

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.13874

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

R G COOPER 741

Mailing Address 7424 E 53RD PL

City

TULSA

State

OK

Zip Code

74145

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.23806

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

MR ALBERT CORDONNIER 730

Mailing Address 16700 S AIR DEPOT BLVD

City

NORMAN

State

OK

Zip Code

73071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.20339

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MRS MARJORIE DAVIS 043

Mailing Address 6 HUCKLEBERRY LN

City

AUGUSTA

State

ME

Zip Code

04330

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

NOT EMPLOYED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	9

Transaction ID: SA11AI.13470

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

WALT DAVIS 747

Mailing Address 262 STATE ROAD 70E

City

CALERA

State

OK

Zip Code

74730

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Transaction ID: SA11AI.20850

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR PAUL DECLEVA 752

Mailing Address HARTFORD BLDG

City

DALLAS

State

TX

Zip Code

75201

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

SELF EMPLOYED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	0	9

Transaction ID: SA11AI.18285

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR PAUL DECLEVA 752

Mailing Address HARTFORD BLDG

City

DALLAS

State

TX

Zip Code

75201

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

SELF EMPLOYED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.18286

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR ROBERT W DESE 737

Mailing Address 409 E BROADWAY AVE

City

ENID

State

OK

Zip Code

73701

FEC ID number of contributing
federal political committee.

C

Name of Employer
DESE MECHANICAL CONTRACTO

Occupation

PRESIDENT OWNER

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.25215

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MR DONALD B DINGER 220

Mailing Address 9100 POTOMAC WOODS LN

City

GREAT FALLS

State

VA

Zip Code

22066

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.14776

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR JAMES J DORAN 329

Mailing Address 2445 LACOURT LN

City

MALABAR

State

FL

Zip Code

32950

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.15215

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MR WALTER DOWDLE 350

Mailing Address PO BOX 67

City

GOODWATER

State

AL

Zip Code

35072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.15451

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MR DAVID EAVES 745

Mailing Address RR 5 BOX 1750

City

COALGATE

State

OK

Zip Code

74538

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.26092

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MRS M B EITELMAN 796

Mailing Address 210 AVENIDA DE LEON

City

ABILENE

State

TX

Zip Code

79602

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHWEST ANIMAL CLINIC

Occupation
VETERINARIAN

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.18678

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MR WILLIAM R ENGEL 501

Mailing Address 7059 COBURN LN

City

JOHNSTON

State

IA

Zip Code

50131

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.16144

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

AUSTIN FIGGE 553

Mailing Address 4432 HIGHWAY 25 SE

City

BUFFALO

State

MN

Zip Code

55313

FEC ID number of contributing
federal political committee.

C

Name of Employer
PRAIRIE RIVER HOME CARE I

Occupation
CEO CFO VP

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.29419

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

JOSEPHINE W FREEDE 731

Mailing Address 316 NW 39TH ST

City

OKLAHOMA CITY

State

OK

Zip Code

73118

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

HOMEMAKER

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.22930

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

WILLIAM B FRELS 551

Mailing Address 2 NUTHATCH LN

City

SAINT PAUL

State

MN

Zip Code

55127

FEC ID number of contributing
federal political committee.

C

Name of Employer
MAIRS & POWER INC.

Occupation

PRESIDENT

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.30045

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MR GERALD FURSETH 731

Mailing Address 1610 NORWOOD PL

City

NICHOLS HILLS

State

OK

Zip Code

73120

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

OIL & GAS PRODUCTION

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.28429

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR G N FURSETH 731

Mailing Address 827 NW 63RD ST

City

OKLAHOMA CITY

State

OK

Zip Code

73116

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

OIL & GAS PRODUCER

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.25611

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

RICHARD L GAUGLER 731

Mailing Address 3133 ROLLING STONE RD

City

OKLAHOMA CITY

State

OK

Zip Code

73120

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.25471

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JAMES L GOBLE 752

Mailing Address 11 SAINT LAURENT PL

City

DALLAS

State

TX

Zip Code

75225

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.18298

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MARK P GODSEY 740

Mailing Address 3701 S ORANGE CIR

City

BROKEN ARROW

State

OK

Zip Code

74011

FEC ID number of contributing
federal political committee.

C

Name of Employer
EAGLE RIVER ENERGY CORP

Occupation
PRESIDENT

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.27777

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MR BERNARD G GOGEL 222

Mailing Address 855 N FREDERICK ST

City

ARLINGTON

State

VA

Zip Code

22205

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.14798

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR PATRICK GRAHAM 741

Mailing Address 9103 S 46TH WEST AVE

City

TULSA

State

OK

Zip Code

74132

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.28191

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MRS DOROTHY G GRIFFIN 134

Mailing Address 8209 PHILLIPS RD

City

ROME

State

NY

Zip Code

13440

FEC ID number of contributing
federal political committee.

C

Name of Employer
VARFLEX CORP

Occupation

PRESIDENT

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 07 / 2009

Transaction ID: SA11AI.14036

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

DONALD GUMPERTZ 916

Mailing Address PO BOX 2450

City

TOLUCA LAKE

State

CA

Zip Code

91610

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 09 / 2009

Transaction ID: SA11AI.22406

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

DONALD GUMPERTZ 916

Mailing Address PO BOX 2450

City

TOLUCA LAKE

State

CA

Zip Code

91610

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 05 / 2009

Transaction ID: SA11AI.22404

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)
DONALD GUMPERTZ 916

Mailing Address PO BOX 2450

City State Zip Code
TOLUCA LAKE CA 91610

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.22405

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
JAMES GUNN 740

Mailing Address PO BOX 1778

City State Zip Code
STILLWATER OK 74076

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
FINANCIAL PLANNING

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.21667

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
JEFFREY L HALFORD 740

Mailing Address 6808 E 116TH ST S

City State Zip Code
BIXBY OK 74008

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.25613

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)
MS LEIGH HAMPTON 338

Mailing Address PO BOX 1608

City State Zip Code
LAKELAND FL 33802

FEC ID number of contributing
federal political committee.

C

Name of Employer
CATTLE & CITRUS

Occupation
OWNER

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.29303

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
MRS VIOLET HANNA 916

Mailing Address 4123 MARY ELLEN AVE

City State Zip Code
STUDIO CITY CA 91604

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.19354

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
MR JOHN A HARDICK 606

Mailing Address 6025 N ROCKWELL ST

City State Zip Code
CHICAGO IL 60659

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.16805

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

DR MICHAEL R HARKEY 740, MD

Mailing Address 29655 S 4090 RD

City

CATOOSA

State

OK

Zip Code

74015

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYEDOccupation
PHYSICIAN

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	9

Transaction ID: SA11AI.29604

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

DR JOHN J HARTFORD 945, MD

Mailing Address 3644 TERRA GRANADA DR APT 2A

City

WALNUT CREEK

State

CA

Zip Code

94595

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYEDOccupation
PHYSICIAN

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	9

Transaction ID: SA11AI.19806

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

DR JOHN J HARTFORD 945, MD

Mailing Address 3644 TERRA GRANADA DR APT 2A

City

WALNUT CREEK

State

CA

Zip Code

94595

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYEDOccupation
PHYSICIAN

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: SA11AI.19804

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

RALPH HARVEY 731

Mailing Address 9500 CEDAR LAKE AVE

City

OKLAHOMA CITY

State

OK

Zip Code

73114

FEC ID number of contributing
federal political committee.

C

Name of Employer
MARLIN OIL CO

Occupation

PRESIDENT

Receipt For: 2010

☒ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	8	/	2	0	0	9

Transaction ID: SA11AI.20947

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MR DOC HEARON 744

Mailing Address 501 HONOR HEIGHTS DR

City

MUSKOGEE

State

OK

Zip Code

74401

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

RETIRED

Receipt For: 2010

☒ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	9

Transaction ID: SA11AI.18088

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

DENNIS L HENDRIX 734

Mailing Address 6690 E EGYPT RD

City

MILBURN

State

OK

Zip Code

73450

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	9

Transaction ID: SA11AI.24096

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

JACQUELINE HODGES 775

Mailing Address 2374 LEO LN

City

LEAGUE CITY

State

TX

Zip Code

77573

FEC ID number of contributing
federal political committee.

C

Name of Employer
TEXAS INDUSTRIAL PUMP &
SUPPLY

Occupation
OWNER

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.24665

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

CYNTHIA H HOOD 741

Mailing Address 5005 E 117TH ST

City

TULSA

State

OK

Zip Code

74137

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.24188

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MS FLORENCE HOOTEN 207

Mailing Address 7017 SAINT ANNES AVE

City

LANHAM

State

MD

Zip Code

20706

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.14618

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

1040.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

JOHN M HUBANKS 736

Mailing Address 101 BUSTER AVE

City

CHEYENNE

State

OK

Zip Code

73628

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROGER MILLS CTY HEALTH AU-
TH

Occupation

DOCTOR

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.27752

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

STEPHEN HWANG 741

Mailing Address 6105 E 108TH ST

City

TULSA

State

OK

Zip Code

74137

FEC ID number of contributing
federal political committee.

C

Name of Employer

ADULT GASTROENTEROLOGY AS-
SOC.

Occupation

PHYSICIAN

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.27020

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

NORMA JEAN JAMES 741

Mailing Address 10931 S 69TH EAST AVE

City

TULSA

State

OK

Zip Code

74133

FEC ID number of contributing
federal political committee.

C

Name of Employer

FABSCO SHELL & TIBE

Occupation

OWNER

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.28941

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR BRYON JOHNSON 530

Mailing Address N170W20239 HUNTERS RD

City

JACKSON

State

WI

Zip Code

53037

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDICAL COLLEGE OF WISCON-
SIN

Occupation
SCIENTIST

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.21307

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MR PHIL JONES 730

Mailing Address 4004 NE 138TH ST

City

EDMOND

State

OK

Zip Code

73013

FEC ID number of contributing
federal political committee.

C

Name of Employer
DEVON ENERGY CORP.

Occupation
LAND ADVISOR

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.25043

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MR PHIL JONES 730

Mailing Address 4004 NE 138TH ST

City

EDMOND

State

OK

Zip Code

73013

FEC ID number of contributing
federal political committee.

C

Name of Employer
DEVON ENERGY CORP.

Occupation
LAND ADVISOR

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.25042

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR WILLIS JOSEPH 731

Mailing Address 3017 REGENCY CT

City

OKLAHOMA CITY

State

OK

Zip Code

73120

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.26067

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MR WILLIS JOSEPH 731

Mailing Address 3017 REGENCY CT

City

OKLAHOMA CITY

State

OK

Zip Code

73120

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.26068

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

RICHARD A KATSERES 735

Mailing Address 2305 LAS BRISAS

City

ALTUS

State

OK

Zip Code

73521

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
GENERAL SURGEON

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.24637

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)
MR KENNETH KIMMELL 734

Mailing Address 605 S 8TH ST

City State Zip Code
HEALDTON OK 73438

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 15 / 2009

Transaction ID: SA11AI.17706

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
MR JOSEPH M KLEIN 741

Mailing Address 2508 E 30TH ST

City State Zip Code
TULSA OK 74114

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2009

Transaction ID: SA11AI.26005

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
MR WALTER H KLEINER 980

Mailing Address 1725 89TH PL NE

City State Zip Code
CLYDE HILL WA 98004

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 22 / 2009

Transaction ID: SA11AI.20100

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

SALLY P KLEMP 554

Mailing Address 20 ORCHID LN N

City

PLYMOUTH

State

MN

Zip Code

55447

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

HOMEMAKER

Receipt For: 2010

☒ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	9

Transaction ID: SA11AI.28726

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MR STEVEN G KRAEMER 107

Mailing Address 9 CROWS NEST RD

City

BRONXVILLE

State

NY

Zip Code

10708

FEC ID number of contributing
federal political committee.

C

Name of Employer
BEAR STEARNS

Occupation

FINANCIAL ANALYST

Receipt For: 2010

☒ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Transaction ID: SA11AI.13793

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

E R LANE 731

Mailing Address 325 S MARGENE DR

City

MIDWEST CITY

State

OK

Zip Code

73130

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

RETIRED

Receipt For: 2010

☒ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	2	/	2	0	0	9

Transaction ID: SA11AI.25606

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

SAM LESSLEY 740

Mailing Address PO BOX 573

City

CLAREMORE

State

OK

Zip Code

74018

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.23754

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

MRS ROBERT LINEBERGER 928

Mailing Address 2813 DOMINGO RD

City

FULLERTON

State

CA

Zip Code

92835

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.19609

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MR CHARLES W LOUFEK 554

Mailing Address 6600 INTERLACHEN BLVD

City

MINNEAPOLIS

State

MN

Zip Code

55436

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.16467

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR MIKE MANGIONE 926

Mailing Address 3130 CORTE PORTOFINO

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
MANGIONE INC

Occupation

MCDONALDS LICENSEE

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	9

Transaction ID: SA11AI.19571

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MR RICHARD C MARX 125

Mailing Address PO BOX 440

City

WAPPINGERS FALLS

State

NY

Zip Code

12590

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

INSURANCE AGENT

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	6	/	2	0	0	9

Transaction ID: SA11AI.13993

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MRS MARY LOU MATHIOWETZ 560

Mailing Address 30817 COUNTY ROAD 24

City

SLEEPY EYE

State

MN

Zip Code

56085

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	9

Transaction ID: SA11AI.16540

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MRS JULIA M MCCOURT 729

Mailing Address 7906 YORKTOWN RD

City

FORT SMITH

State

AR

Zip Code

72903

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

HOMEMAKER

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.17354

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

LEW S MCGINNIS 731

Mailing Address 1506 DORCHESTER DR

City

NICHOLS HILLS

State

OK

Zip Code

73120

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

INVESTOR

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.26031

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

WILLIAM L MCNATT 730

Mailing Address 2301 N HIWASSEE RD

City

ARCADIA

State

OK

Zip Code

73007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.29528

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

JAMES C MEADE 731

Mailing Address 1511 W WILSHIRE BLVD

City

NICHOLS HILLS

State

OK

Zip Code

73116

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEADE ENERGY

Occupation
ENGINEER

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 21 / 2009

Transaction ID: SA11AI.20435

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JAMES C MEADE 731

Mailing Address 1511 W WILSHIRE BLVD

City

NICHOLS HILLS

State

OK

Zip Code

73116

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEADE ENERGY

Occupation
ENGINEER

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2009

Transaction ID: SA11AI.20434

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MRS HELEN H MEHELICH 982

Mailing Address 2889 SLATER RD

City

OAK HARBOR

State

WA

Zip Code

98277

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
HOUSEWIFE

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 06 / 2009

Transaction ID: SA11AI.20163

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR DON MENGEL 551

Mailing Address 3525 WIDGEON WAY

City

SAINT PAUL

State

MN

Zip Code

55123

FEC ID number of contributing
federal political committee.

C

Name of Employer
CRAY INC

Occupation

MANAGER SOFTWARE SUPPORT

Receipt For: 2010

☒ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	0	9

Transaction ID: SA11AI.16371

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

BRUCE MILLER 857

Mailing Address 6959 E CRESTLINE DR

City

TUCSON

State

AZ

Zip Code

85715

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

RETIRED

Receipt For: 2010

☒ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Transaction ID: SA11AI.30084

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

MR KENDALL C MILLER 936

Mailing Address 7350 WAKEFIELD AVE

City

REEDLEY

State

CA

Zip Code

93654

FEC ID number of contributing
federal political committee.

C

Name of Employer
KENCAROL INC

Occupation

FARM MANAGER

Receipt For: 2010

☒ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.19686

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR JIMMIE MISER 741

Mailing Address 4650 S 86TH EAST AVE

City

TULSA

State

OK

Zip Code

74145

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.18048

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

VICTOR MITCHELL 744

Mailing Address RR 2 BOX 10A

City

HASKELL

State

OK

Zip Code

74436

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
OIL & GAS PRODUCER

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.25623

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

VICTOR MITCHELL 744

Mailing Address RR 2 BOX 10A

City

HASKELL

State

OK

Zip Code

74436

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
OIL & GAS PRODUCER

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.25624

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

DR WESLEY MONTE 731

Mailing Address 140 SW 16TH ST

City

OKLAHOMA CITY

State

OK

Zip Code

73160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

DOCTOR

Receipt For: 2010

☒ Primary
 ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	1	/	2	0	0	9

Transaction ID: SA11AI.24461

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

MR LARRY MORRIS 787

Mailing Address 1305 MARCH DR

City

AUSTIN

State

TX

Zip Code

78753

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary
 ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	4	/	2	0	0	9

Transaction ID: SA11AI.18641

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR CALVIN J MORSE 902

Mailing Address 6761 VALLON DR

City

RANCHO PALOS VERDE

State

CA

Zip Code

90275

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2010

☒ Primary
 ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	9

Transaction ID: SA11AI.28477

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR GEORGE M NEALL 216, II

Mailing Address 5452 TATES BANK RD

City

CAMBRIDGE

State

MD

Zip Code

21613

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.22237

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MR GEORGE M NEALL 216, II

Mailing Address 5452 TATES BANK RD

City

CAMBRIDGE

State

MD

Zip Code

21613

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.22238

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

J NEUBERGER 731

Mailing Address 5025 BARNSTEEPLE CT

City

OKLAHOMA CITY

State

OK

Zip Code

73142

FEC ID number of contributing
federal political committee.

C

Name of Employer
EQUIPMENT TECHNOLOGY LLC

Occupation
BUSINESSMAN

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.23816

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MRS PATRICIA O'BRIEN 100

Mailing Address 535 E 86TH ST # 20D

City

NEW YORK

State

NY

Zip Code

10028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.13745

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MR RAY P ODEN 711, JR

Mailing Address 702 THORA BLVD

City

SHREVEPORT

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.17279

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MR RAY P ODEN 711, JR

Mailing Address 702 THORA BLVD

City

SHREVEPORT

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.17280

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

COL FRANCIS C OPEKA 983

Mailing Address 340 CASCADIA LOOP

City

SEQUIM

State

WA

Zip Code

98382

FEC ID number of contributing
federal political committee.

C

Name of Employer
US MILITARY

Occupation
DOCTOR

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.20184

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

COL FRANCIS C OPEKA 983

Mailing Address 340 CASCADIA LOOP

City

SEQUIM

State

WA

Zip Code

98382

FEC ID number of contributing
federal political committee.

C

Name of Employer
US MILITARY

Occupation
DOCTOR

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.20183

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

COL FRANCIS C OPEKA 983

Mailing Address 340 CASCADIA LOOP

City

SEQUIM

State

WA

Zip Code

98382

FEC ID number of contributing
federal political committee.

C

Name of Employer
US MILITARY

Occupation
DOCTOR

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.20180

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR STEPHEN HENRY OTIS 745

Mailing Address 911 SUMMIT RDG

City

MCALISTER

State

OK

Zip Code

74501

FEC ID number of contributing
federal political committee.

C

Name of Employer
MARINE DEV INC

Occupation
EXECUTIVE

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.27705

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

BOYD PHILLIPS 737

Mailing Address PO BOX 1728

City

ENID

State

OK

Zip Code

73702

FEC ID number of contributing
federal political committee.

C

Name of Employer
PHILLIPS OIL OPERATING CO.

Occupation
OIL PRODUCER

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.26044

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DR DARRELL PICKARD 730, MD

Mailing Address 7201 BAYLINER LAUNCH

City

EDMOND

State

OK

Zip Code

73013

FEC ID number of contributing
federal political committee.

C

Name of Employer
MPR EYE ASSOC OF OK

Occupation
PHYSICIAN

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.25038

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR GEORGE PORTER 735

Mailing Address 630 WESTVIEW RD

City

DUNCAN

State

OK

Zip Code

73533

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	0	9

Transaction ID: SA11AI.26135

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

LAURALEENE PRICE 741

Mailing Address 4526 E 105TH ST

City

TULSA

State

OK

Zip Code

74137

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	9

Transaction ID: SA11AI.28888

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MRS JULIANNE PRINGLE 741

Mailing Address 2300 RIVERSIDE DR UNIT 4D

City

TULSA

State

OK

Zip Code

74114

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
HOUSEWIFE

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	5	/	2	0	0	9

Transaction ID: SA11AI.17987

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)
MICKEY PRUITT 734

Mailing Address RR 1 BOX 16

City State Zip Code
RATLIFF CITY OK 73481

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
SELF EMPLOYED

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.21595

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
MRS SHIRLEY L PYLE 757

Mailing Address 628 WILDER WAY

City State Zip Code
TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.21239

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
MR THOMAS A QUINTIN 027

Mailing Address 119 NELLIE RD

City State Zip Code
NEW BEDFORD MA 02740

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
CAPTAIN FISHING VESSEL

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.28383

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)
MS CLAIRE RAINS 941

Mailing Address 420 41ST AVE

City State Zip Code
SAN FRANCISCO CA 94121

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.20803

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)
MS CLAIRE RAINS 941

Mailing Address 420 41ST AVE

City State Zip Code
SAN FRANCISCO CA 94121

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.20800

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MS CLAIRE RAINS 941

Mailing Address 420 41ST AVE

City State Zip Code
SAN FRANCISCO CA 94121

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
295.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.20802

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR RUSSELL D RAWN 722

Mailing Address 12 FOXHUNT TRL

City

LITTLE ROCK

State

AR

Zip Code

72227

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.17337

Amount of Each Receipt this Period

53.00

B.

Full Name (Last, First, Middle Initial)

R REAVES 927

Mailing Address 10831 SKYLINE DR

City

SANTA ANA

State

CA

Zip Code

92705

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.19601

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

DR GERALD REED 740, MD

Mailing Address 1812 HILLCREST DR

City

BARTLESVILLE

State

OK

Zip Code

74003

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.25241

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

603.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR MAURICE J REESE 537

Mailing Address 713 LAKEWOOD BLVD

City

MADISON

State

WI

Zip Code

53704

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.16251

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MR PETER RHEIN 900

Mailing Address 1407 HOLMBY AVE

City

LOS ANGELES

State

CA

Zip Code

90024

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
CPA

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.23285

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

JIM R RICE 731

Mailing Address 910 N MORGAN RD

City

OKLAHOMA CITY

State

OK

Zip Code

73127

FEC ID number of contributing
federal political committee.

C

Name of Employer
PRO-FAB INC

Occupation
MANUFACTURING OWNER

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.30114

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)
MR LUNS福德 RICHARDSON 068, JR

Mailing Address 7 INDIAN SPRING RD

City State Zip Code
NORWALK CT 06853

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.13563

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
MR LUNS福德 RICHARDSON 068, JR

Mailing Address 7 INDIAN SPRING RD

City State Zip Code
NORWALK CT 06853

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.13562

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
MS M RICHARDSON 288

Mailing Address 1617 HENDERSONVILLE RD

City State Zip Code
ASHEVILLE NC 28803

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.14944

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MRS RUTH ROSCHKE 776

Mailing Address 2811 MEMPHIS AVE

City

NEDERLAND

State

TX

Zip Code

77627

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

HOMEMAKER

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.23032

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MRS NANCY B ROTH 939

Mailing Address 8545 CARMEL VALLEY RD

City

CARMEL

State

CA

Zip Code

93923

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.19710

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MRS NANCY B ROTH 939

Mailing Address 8545 CARMEL VALLEY RD

City

CARMEL

State

CA

Zip Code

93923

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.19708

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR BURTON W ROUNDS 558

Mailing Address 122 96TH AVE W

City

DULUTH

State

MN

Zip Code

55808

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.16508

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

MS YVONNE ROWITT 330

Mailing Address 4135 NW 67TH WAY

City

CORAL SPRINGS

State

FL

Zip Code

33067

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.20531

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

CYNTHIA L RUDER 730

Mailing Address 3700 REDMONT TRCE

City

EDMOND

State

OK

Zip Code

73034

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
HOUSEWIFE

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.25648

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR JOSEPH F RUMSEY 731, JR

Mailing Address 3501 NW 63RD ST STE 204

City

OKLAHOMA CITY

State

OK

Zip Code

73116

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

SELF EMPLOYED

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.17587

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

DR DAVID S RUSSELL 737, MD

Mailing Address 2113 WILSHIRE DR

City

ENID

State

OK

Zip Code

73703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.17767

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DR DAVID S RUSSELL 737, MD

Mailing Address 2113 WILSHIRE DR

City

ENID

State

OK

Zip Code

73703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.17766

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR ANTHONY H RYAN 037

Mailing Address 393 DORCHESTER RD

City

LYME

State

NH

Zip Code

03768

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.13450

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MR JOHN W SAMPSON 339

Mailing Address 9614 PARKWOOD CT

City

FORT MYERS

State

FL

Zip Code

33908

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.15354

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

MR EDWIN C SANDHAM 349

Mailing Address 1964 SW SAINT ANDREWS DR

City

PALM CITY

State

FL

Zip Code

34990

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.23038

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MRS ELIZABETH J SCHAFER 921

Mailing Address 1101 IST ST NIT 411

City

CORONADO

State

CA

Zip Code

92118

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.19455

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MR NORMAN SCHWOTZER 152

Mailing Address 730 BOWER HILL RD APT 302

City

PITTSBURGH

State

PA

Zip Code

15243

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.25886

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

THOMAS ADEE SHARPE 741

Mailing Address 8308 S KINGSTON AVE

City

TULSA

State

OK

Zip Code

74137

FEC ID number of contributing
federal political committee.

C

Name of Employer
CSC LLC

Occupation
ATTORNEY

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.29872

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MS MARY JANE SHAW 852

Mailing Address 2625 E SOUTHERN AVE UNIT C119

City

TEMPE

State

AZ

Zip Code

85282

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.20555

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

JOHN W SHAWER 731, II

Mailing Address PO BOX 18683

City

OKLAHOMA CITY

State

OK

Zip Code

73154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.26798

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MR LEONARD SHEFFIELD 745

Mailing Address PO BOX 395

City

ATOKA

State

OK

Zip Code

74525

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.28535

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

JOE EDWARD SHELTON 741

Mailing Address 9830 S 77TH EAST AVE

City

TULSA

State

OK

Zip Code

74133

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.26903

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

J SILVEIRA 946

Mailing Address 499 EMBARCADERO

City

OAKLAND

State

CA

Zip Code

94606

FEC ID number of contributing
federal political committee.

C

Name of Employer
SILVEIRA PROPERTIES

Occupation
OWNER

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.23292

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MR JAN E G SMIT 934

Mailing Address 1475 N REFUGIO RD
P O BOX 1284

City

SANTA YNEZ

State

CA

Zip Code

93460

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.19662

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR GUY W SMITH 530

Mailing Address N94W17900 APPLETON AVE STE 101

City

MENOMONEE FALLS

State

WI

Zip Code

53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNICARE HEALTH FACILITIES

Occupation

PRESIDENT & CEO

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.26453

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MRS ALICE SNYDER 730

Mailing Address 2801 SHORTGRASS RD APT 135

City

EDMOND

State

OK

Zip Code

73003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.17358

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MRS ALICE SNYDER 730

Mailing Address 2801 SHORTGRASS RD APT 135

City

EDMOND

State

OK

Zip Code

73003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.17357

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR GLEN SPARKS 741

Mailing Address 7904 S FLORENCE AVE

City

TULSA

State

OK

Zip Code

74136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.27485

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

WILLIAM S SPEARS 752

Mailing Address 4704 LAKESIDE DR

City

DALLAS

State

TX

Zip Code

75205

FEC ID number of contributing
federal political committee.

C

Name of Employer
ENERGY EDUCATION INC

Occupation
CEO & FOUNDER

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.25193

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

JEAN SPRADLING 730

Mailing Address 1425 E 9TH

City

OKMULGEE

State

OK

Zip Code

74447

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.23787

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

JEAN SPRADLING 730

Mailing Address 1425 E 9TH

City

OKMULGEE

State

OK

Zip Code

74447

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.23788

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MR A B STILL 740

Mailing Address PO BOX 312

City

DRUMRIGHT

State

OK

Zip Code

74030

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
SELF EMPLOYED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.17908

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR JOHN STRASENBURGH 082

Mailing Address PO BOX 175

City

OCEAN VIEW

State

NJ

Zip Code

08230

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.13695

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 111

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR ROBERT SUNDERLAND 890

Mailing Address 953 PYRITE AVE
953 PYRITE AVE

City State Zip Code
 HENDERSON NV 89011

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 245.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.19138

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

MR BRAD TANGEN 724

Mailing Address 3 DIVISION ST

City State Zip Code
 CHIPPEWA FLS WI 54729

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHIPPEWA HERALD

Occupation
CARRIER

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.21782

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

ED THEOBALD 550

Mailing Address 5401 215TH LN NE

City State Zip Code
 CEDAR MN 55011

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.29433

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 111

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

ROBERT E THOMAS 741

Mailing Address 6800 S GRANITE AVE APT 611

City State Zip Code
TULSA OK 74136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.30164

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MRS JANE L THOMPSON 730

Mailing Address 21650 SPUR

City State Zip Code
HINTON OK 73047

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.27908

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MR ROBERT S TROTH 358

Mailing Address PO BOX 286

City State Zip Code
HUNTSVILLE AL 35804

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.26379

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR FRANK TULL 780

Mailing Address 371 ENGLEWOOD DR

City

KERRVILLE

State

TX

Zip Code

78028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2009

Transaction ID: SA11AI.21653

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MR FRANK TULL 780

Mailing Address 371 ENGLEWOOD DR

City

KERRVILLE

State

TX

Zip Code

78028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2009

Transaction ID: SA11AI.21652

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR JACK E TURNER 731

Mailing Address 2326 SW 122ND ST

City

OKLAHOMA CITY

State

OK

Zip Code

73170

FEC ID number of contributing
federal political committee.

C

Name of Employer
BECKHAM OPERATING CORP

Occupation

BUSINESS EXEC

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2009

Transaction ID: SA11AI.17691

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)
ERWIN E UNDERWOOD 747

Mailing Address PO BOX 218

City State Zip Code
BROKEN BOW OK 74728

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNDERWOOD SAFE & VAULT IN

Occupation
SAFE & VAULT TECH

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.29724

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
MS CONSUELO F WALK 701

Mailing Address 150 BROADWAY ST APT 1112

City State Zip Code
NEW ORLEANS LA 70118

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
HOMEMAKER

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.17212

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
ARNOLD B WALTERS 786

Mailing Address PO BOX 1035

City State Zip Code
GEORGETOWN TX 78627

FEC ID number of contributing
federal political committee.

C

Name of Employer
SENOX CORP.

Occupation
PRESIDENT

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.27129

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR DAVID WALTERS 834

Mailing Address PO BOX 390

City

REXBURG

State

ID

Zip Code

83440

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

BUSINESS OWNER

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.30166

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MS JEAN WARREN 731

Mailing Address 2410 NW GRAND CIR

City

OKLAHOMA CITY

State

OK

Zip Code

73116

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.23973

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

MR JOHN R WARREN 731

Mailing Address 1900 NW EXPRESSWAY

City

OKLAHOMA CITY

State

OK

Zip Code

73118

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

INVESTMENTS

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.30082

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR ROBERT D WEHRLE 744

Mailing Address 95552 S 4446 RD

City

GORE

State

OK

Zip Code

74435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.25357

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

STEVE WEIR 740

Mailing Address 9595 E SHADOWVIEW DR

City

CLAREMORE

State

OK

Zip Code

74017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.25568

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JILL WELSHINGER 550

Mailing Address 11420 ARCOLA TRL N

City

STILLWATER

State

MN

Zip Code

55082

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
ATTORNEY

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.30190

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR BRUCE W WETZEL 435

Mailing Address 7550 CODER RD

City

MAUMEE

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
REALTOR

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.15676

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MRS PATRICIA WHEELER 741

Mailing Address 4033 S YORKTOWN PL

City

TULSA

State

OK

Zip Code

74105

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.27460

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MRS PATRICIA WHEELER 741

Mailing Address 4033 S YORKTOWN PL

City

TULSA

State

OK

Zip Code

74105

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.27461

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

1325.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MRS JADWIGA WIECKOWSKI 112

Mailing Address 146 S 3RD ST

City

BROOKLYN

State

NY

Zip Code

11211

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13850

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

MRS GEORGIA WIESTER 934

Mailing Address 7760 SANTA ROSA RD

City

BUELLTON

State

CA

Zip Code

93427

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
HOMEMAKER

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.19651

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR ELMER WILCOX 980

Mailing Address 919 109TH AVE NE APT 1201

City

BELLEVUE

State

WA

Zip Code

98004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.23723

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

JOHN D WILLIAMS 740

Mailing Address 25825 S HIGHWAY 66

City

CLAREMORE

State

OK

Zip Code

74019

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

REAL ESTATE

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.26576

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

H WIRICK 741

Mailing Address 320 S BOSTON AVE STE 712

City

TULSA

State

OK

Zip Code

74103

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

OIL & GAS PRODUCER

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.26578

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

MS SHIRLEY ANNE WITT 743

Mailing Address PO BOX 1173

City

PRYOR

State

OK

Zip Code

74362

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

HOMEMAKER

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.29073

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

DR MARK WOOD 730, MD

Mailing Address 2508 KENSINGTON TER

City

EDMOND

State

OK

Zip Code

73013

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYEDOccupation
PHYSICIAN

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	9

Transaction ID: SA11AI.27177

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MRS CAROLE WOODS 744

Mailing Address PO BOX 197

City

COOKSON

State

OK

Zip Code

74427

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	3	/	2	0	0	9

Transaction ID: SA11AI.25713

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JEANETTE F YANDOW 146

Mailing Address 1133 LONG POND RD

City

ROCHESTER

State

NY

Zip Code

14626

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	7	/	2	0	0	9

Transaction ID: SA11AI.14091

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 111

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

MR THOMAS A YOUNG 757

Mailing Address 2210 GRANDE BLVD

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATLAS CREDIT COOccupation
CEO

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.23008

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) ▶

500.00

TOTAL This Period (last page this line number only) ▶

79623.00

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
ACU-PAC

Full Name (Last, First, Middle Initial)
AVALANCE SERVICES INC

Transaction ID: SB21B.13248
Date of Disbursement

07 / 30 / 2009

City	State	Zip Code
KEARNYSVILLE	WV	25430

Amount of Each Disbursement this Period

3692.84

Purpose of Disbursement
DIRECT MAIL - PRINTING

003
Category/
Type

Candidate Name
ACU-PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)
AVALANCE SERVICES INC

Transaction ID: SB21B.13273
Date of Disbursement

MM / DD / YYYY

City	State	Zip Code
KEARNYSVILLE	WV	25430

Amount of Each Disbursement this Period

1972.20

Purpose of Disbursement
DIRECT MAIL - PRINTING

Category/ Type	003
-------------------	-----

Candidate Name
ACU-PAC

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Full Name (Last, First, Middle Initial)
BASE CONNECT, INC

Mailing Address 1155 15TH STREET, NW
SUITE 410

Transaction ID: SB21B.13251
Date of Disbursement

07 / 01 / 2009

City	State	Zip Code
WASHINGTON	DC	20005

Amount of Each Disbursement this Period

3729.61

Purpose of Disbursement
DIRECT MAIL - CREATIVE

Category/ Type	003
-------------------	-----

Candidate Name
ACU-PAC

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

9394.65

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 78 / 111

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) BASE CONNECT, INC</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL - CREATIVE</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13249</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>5461.60</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) BASE CONNECT, INC</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL - CREATIVE FEE</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13274</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 3 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1722.78</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) BASE CONNECT, INC</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL - CREATIVE FEE</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13275</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 7 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>7555.59</div> </p>

SUBTOTAL of Disbursements This Page (optional)

14739.97

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 79 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC**A.**Full Name (Last, First, Middle Initial)
BASE CONNECT, INCMailing Address 1155 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL - CREATIVECandidate Name
ACU-PAC003
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13290

Date of Disbursement

M M / D D / Y Y Y Y
09 / 03 / 2009

Amount of Each Disbursement this Period

1982.89

B.Full Name (Last, First, Middle Initial)
BASE CONNECT, INCMailing Address 1155 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL - CREATIVECandidate Name
ACU-PAC003
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13291

Date of Disbursement

M M / D D / Y Y Y Y
10 / 16 / 2009

Amount of Each Disbursement this Period

4229.63

C.Full Name (Last, First, Middle Initial)
BASE CONNECT, INCMailing Address 1155 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL - CREATIVECandidate Name
ACU-PAC003
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13292

Date of Disbursement

M M / D D / Y Y Y Y
11 / 05 / 2009

Amount of Each Disbursement this Period

7233.51

SUBTOTAL of Disbursements This Page (optional)

13446.03

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 80 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) BASE CONNECT, INC</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL - CREATIVE</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13293</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 2 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>2855.57</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) BASE CONNECT, INC</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL - CREATIVE</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13294</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>3519.20</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) BASE CONNECT, INC</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL - CREATIVE</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13295</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 7 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>4136.17</div> </p>

SUBTOTAL of Disbursements This Page (optional)

10510.94

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 81 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

A. Full Name (Last, First, Middle Initial) CATTERTON PRINTING	Transaction ID: SB21B.13253 Date of Disbursement																				
Mailing Address 100 POST OFFICE RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	0		2	0	0	9												
City WALDORF State MD Zip Code 20602	Amount of Each Disbursement this Period																				
Purpose of Disbursement DIRECT MAIL - PRINTING	<table border="1"> <tr> <td colspan="10">3600.00</td> </tr> </table>	3600.00																			
3600.00																					
Candidate Name ACU-PAC	<table border="1"> <tr> <td>003</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	003	Category/ Type																		
003																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
B. Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE	Transaction ID: SB21B.13257 Date of Disbursement																				
Mailing Address 1155 15TH STREET, NW SUITE 410	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement DIRECT MAIL FUNDRAISING	<table border="1"> <tr> <td colspan="10">7400.00</td> </tr> </table>	7400.00																			
7400.00																					
Candidate Name ACU-PAC	<table border="1"> <tr> <td>003</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	003	Category/ Type																		
003																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
C. Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE	Transaction ID: SB21B.13258 Date of Disbursement																				
Mailing Address 1155 15TH STREET, NW SUITE 410	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	9		2	0	0	9												
City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement DIRECT MAIL FUNDRAISING	<table border="1"> <tr> <td colspan="10">9053.34</td> </tr> </table>	9053.34																			
9053.34																					
Candidate Name ACU-PAC	<table border="1"> <tr> <td>003</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	003	Category/ Type																		
003																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					

SUBTOTAL of Disbursements This Page (optional)

20053.34

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 82 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC**A.** Full Name (Last, First, Middle Initial)
CENTURY DATA MAILING SERVICEMailing Address 1155 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL FUNDRAISINGCandidate Name
ACU-PAC003
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13255

Date of Disbursement

M M / D D / Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Amount of Each Disbursement this Period

5229.18

B. Full Name (Last, First, Middle Initial)
CENTURY DATA MAILING SERVICEMailing Address 1155 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL FUNDRAISINGCandidate Name
ACU-PAC003
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13256

Date of Disbursement

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Amount of Each Disbursement this Period

21615.55

C. Full Name (Last, First, Middle Initial)
CENTURY DATA MAILING SERVICEMailing Address 1155 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL FUNDRAISINGCandidate Name
ACU-PAC003
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13276

Date of Disbursement

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 0 9

Amount of Each Disbursement this Period

2313.91

SUBTOTAL of Disbursements This Page (optional) ▶

29158.64

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 83 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC**A. CENTURY DATA MAILING SERVICE**

Full Name (Last, First, Middle Initial)

Mailing Address 1155 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL FUNDRAISINGCandidate Name
ACU-PAC003
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13296

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Amount of Each Disbursement this Period

3800.00

B. CENTURY DATA MAILING SERVICE

Full Name (Last, First, Middle Initial)

Mailing Address 1155 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL FUNDRAISINGCandidate Name
ACU-PAC003
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13297

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Amount of Each Disbursement this Period

8621.26

C. CENTURY DATA MAILING SERVICE

Full Name (Last, First, Middle Initial)

Mailing Address 1155 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL FUNDRAISINGCandidate Name
ACU-PAC003
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13298

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Amount of Each Disbursement this Period

6868.21

SUBTOTAL of Disbursements This Page (optional)

19289.47

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 84 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

A.

Full Name (Last, First, Middle Initial)
CENTURY DATA MAILING SERVICE

Mailing Address 1155 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL FUNDRAISING

Candidate Name
ACU-PAC

003
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B.13299

Date of Disbursement

09 / 24 / 2009

Amount of Each Disbursement this Period

20441.31

B.

Full Name (Last, First, Middle Initial)
CENTURY DATA MAILING SERVICE

Mailing Address 1155 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL FUNDRAISING

Candidate Name
ACU-PAC

003
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B.13301

Date of Disbursement

10 / 01 / 2009

Amount of Each Disbursement this Period

4590.56

C.

Full Name (Last, First, Middle Initial)
CENTURY DATA MAILING SERVICE

Mailing Address 1155 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL FUNDRAISING

Candidate Name
ACU-PAC

003
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B.13300

Date of Disbursement

10 / 08 / 2009

Amount of Each Disbursement this Period

9055.50

SUBTOTAL of Disbursements This Page (optional)

34087.37

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 85 / 111

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

A. Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE

Mailing Address 1155 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL FUNDRAISING

Candidate Name
ACU-PAC

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13302

Date of Disbursement

11 / 05 / 2009

Amount of Each Disbursement this Period

10551.24

B. Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE

Mailing Address 1155 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL FUNDRAISING

Candidate Name
ACU-PAC

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13304

Date of Disbursement

11 / 12 / 2009

Amount of Each Disbursement this Period

3000.00

C. Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE

Mailing Address 1155 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL FUNDRAISING

Candidate Name
ACU-PAC

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13303

Date of Disbursement

11 / 19 / 2009

Amount of Each Disbursement this Period

807.26

SUBTOTAL of Disbursements This Page (optional)

14358.50

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 86 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

A. Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE <hr/> Mailing Address 1155 15TH STREET, NW SUITE 410 <hr/> City WASHINGTON State DC Zip Code 20005 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name ACU-PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13305 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 1 2 0 3 2 0 0 9 </div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">20996.43</div>
B. Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE <hr/> Mailing Address 1155 15TH STREET, NW SUITE 410 <hr/> City WASHINGTON State DC Zip Code 20005 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name ACU-PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13306 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 1 2 1 0 2 0 0 9 </div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">16630.27</div>
C. Full Name (Last, First, Middle Initial) CENTURY DATA SYSTEMS CORP <hr/> Mailing Address 1155 15TH STREET, NW SUITE 410 <hr/> City WASHINGTON State DC Zip Code 20005 <hr/> Purpose of Disbursement DATA PROCESSING Candidate Name ACU-PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13278 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 8 1 3 2 0 0 9 </div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1773.53</div>

SUBTOTAL of Disbursements This Page (optional)**39400.23****TOTAL** This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 87 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) CENTURY DATA SYSTEMS CORP</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.13307</p> <p>Date of Disbursement 09 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2226.06</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) CENTURY DATA SYSTEMS CORP</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.13308</p> <p>Date of Disbursement 11 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 3718.67</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) CENTURY DATA SYSTEMS CORP</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.13309</p> <p>Date of Disbursement 12 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2769.64</p>

SUBTOTAL of Disbursements This Page (optional)

8714.37

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 88 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

A.

Full Name (Last, First, Middle Initial)
COLORTREE, INC. OF VIRGINIA

Mailing Address 2519 BRITTONS HILL RD

City RICHMOND State VA Zip Code 23230

Purpose of Disbursement
DIRECT MAIL - PRINTING

Candidate Name
ACU-PAC

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13279

Date of Disbursement

08 / 13 / 2009

Amount of Each Disbursement this Period

2886.45

B.

Full Name (Last, First, Middle Initial)
COLORTREE, INC. OF VIRGINIA

Mailing Address 2519 BRITTONS HILL RD

City RICHMOND State VA Zip Code 23230

Purpose of Disbursement
DIRECT MAIL - PRINTING

Candidate Name
ACU-PAC

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13310

Date of Disbursement

10 / 16 / 2009

Amount of Each Disbursement this Period

2935.80

C.

Full Name (Last, First, Middle Initial)
CONSOLIDATED MAILING SERVICES

Mailing Address 504 SHAW RD
SUITE 206

City STERLING State VA Zip Code 20168

Purpose of Disbursement
DIRECT MAIL - PRINTING

Candidate Name
ACU-PAC

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13313

Date of Disbursement

10 / 16 / 2009

Amount of Each Disbursement this Period

7339.93

SUBTOTAL of Disbursements This Page (optional)

13162.18

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
ACU-PAC

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 90 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

A. ELECTRONIC REPORTING SYSTEMS

Full Name (Last, First, Middle Initial)

Mailing Address 1155 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
ELECTRONIC DISCLOSURE REPORTING

Candidate Name
ACU-PAC

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13319

Date of Disbursement

09 / 24 / 2009

Amount of Each Disbursement this Period

1225.80

B. FIRST VIRGINIA COMMUNITY BANK

Full Name (Last, First, Middle Initial)

Mailing Address 11325 RANDOM HILLS DRIVE
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
MERCHANT SERVICE CHARGE

Candidate Name
ACU-PAC

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13259

Date of Disbursement

07 / 02 / 2009

Amount of Each Disbursement this Period

87.65

C. FIRST VIRGINIA COMMUNITY BANK

Full Name (Last, First, Middle Initial)

Mailing Address 11325 RANDOM HILLS DRIVE
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
AMEX DISCOUNT FEE

Candidate Name
ACU-PAC

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13261

Date of Disbursement

07 / 06 / 2009

Amount of Each Disbursement this Period

15.11

SUBTOTAL of Disbursements This Page (optional)

1328.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 91 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
ACU-PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DRIVE SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement MERCHANT SERVICE CHARGE</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13262</p> <p>Date of Disbursement 07 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 100.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DRIVE SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement NET SERVICE CHARGE</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13263</p> <p>Date of Disbursement 07 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 153.11</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DRIVE SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement MERCHANT SERVICE CHARGE</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13280</p> <p>Date of Disbursement 08 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 189.22</p>

SUBTOTAL of Disbursements This Page (optional)

442.33

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 92 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

A.

Full Name (Last, First, Middle Initial)
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DRIVE
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
AMEX DISCOUNT

Candidate Name
ACU-PAC

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13281

Date of Disbursement

08 / 05 / 2009

Amount of Each Disbursement this Period

68.41

B.

Full Name (Last, First, Middle Initial)
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DRIVE
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
NET SERVICE CHARGE

Candidate Name
ACU-PAC

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13282

Date of Disbursement

08 / 31 / 2009

Amount of Each Disbursement this Period

62.46

C.

Full Name (Last, First, Middle Initial)
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DRIVE
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
MERCHANT SERVICE FEE

Candidate Name
ACU-PAC

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13320

Date of Disbursement

09 / 02 / 2009

Amount of Each Disbursement this Period

128.81

SUBTOTAL of Disbursements This Page (optional)

259.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 93 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DRIVE SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement AMEX DISCOUNT FEE</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.13321</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="44.69"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DRIVE SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement SERVICE CHARGE</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.13322</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="185.46"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DRIVE SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement MERCHANT SERVICE CHARGE</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.13323</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="205.95"/></p>

SUBTOTAL of Disbursements This Page (optional)

436.10

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 94 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

A.

Full Name (Last, First, Middle Initial)
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DRIVE
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
AMEX DISCOUNT FEE

Candidate Name
ACU-PAC

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13324

Date of Disbursement

10 / 05 / 2009

Amount of Each Disbursement this Period

44.84

B.

Full Name (Last, First, Middle Initial)
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DRIVE
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
SERVICE CHARGE

Candidate Name
ACU-PAC

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13325

Date of Disbursement

10 / 30 / 2009

Amount of Each Disbursement this Period

91.32

C.

Full Name (Last, First, Middle Initial)
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DRIVE
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
MERCHANT SERVICE CHARGE

Candidate Name
ACU-PAC

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13326

Date of Disbursement

11 / 03 / 2009

Amount of Each Disbursement this Period

155.18

SUBTOTAL of Disbursements This Page (optional)

291.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 95 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DRIVE SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement AMEX DISCOUNT</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.13327</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 5 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>62.40</div> </div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DRIVE SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement NET SERVICE CHARGE</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.13328</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 3 0 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>197.64</div> </div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DRIVE SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement MERCHANT SERVICE CHARGE</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.13329</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 2 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>201.59</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional)

461.63

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 96 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DRIVE SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement AMEX DISCOUNT</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.13330</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 7 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>32.01</div> </div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DRIVE SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement NET SERVICE CHARGE</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.13331</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 1 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>171.49</div> </div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) LEGACY LISTS, INC</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement LIST RENTALS</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.13264</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 7 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>3533.96</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional)

3737.46

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 97 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) LEGACY LISTS, INC</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement LIST RENTALS</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13265 Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>07 / 30 / 2009</div> </p> <p>Amount of Each Disbursement this Period <div>2089.81</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) LEGACY LISTS, INC</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement LIST RENTALS</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13266 Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>07 / 30 / 2009</div> </p> <p>Amount of Each Disbursement this Period <div>448.89</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) LEGACY LISTS, INC</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement LIST RENTALS</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13283 Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>08 / 13 / 2009</div> </p> <p>Amount of Each Disbursement this Period <div>3130.00</div> </p>

SUBTOTAL of Disbursements This Page (optional)

5668.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 98 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) LEGACY LISTS, INC</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement LIST RENTALS</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13286 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 3 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>663.44</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) LEGACY LISTS, INC</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement LIST RENTALS</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13285 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 7 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>2290.56</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) LEGACY LISTS, INC</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement LIST RENTALS</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13332 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 0 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>768.66</div> </p>

SUBTOTAL of Disbursements This Page (optional)

3722.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 99 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
ACU-PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) LEGACY LISTS, INC</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement LIST RENTALS</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.13333</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> 0 9 / 1 7 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <div>5418.06</div></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) LEGACY LISTS, INC</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement LIST RENTALS</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.13334</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> 0 9 / 2 4 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <div>3539.34</div></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) LEGACY LISTS, INC</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement LIST RENTALS</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.13335</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> 1 0 / 1 6 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <div>1706.11</div></p>

SUBTOTAL of Disbursements This Page (optional)

10663.51

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 100 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) LEGACY LISTS, INC</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement LIST RENTALS</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13338</p> <p>Date of Disbursement 10 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 920.91</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) LEGACY LISTS, INC</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement LIST RENTALS</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13336</p> <p>Date of Disbursement 11 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 6417.33</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) LEGACY LISTS, INC</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement LIST RENTALS</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13337</p> <p>Date of Disbursement 11 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 5068.29</p>

SUBTOTAL of Disbursements This Page (optional)

12406.53

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 101 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

A.

Full Name (Last, First, Middle Initial)
MACKENZIE & COMPANY

Transaction ID: SB21B.13345
Date of Disbursement

Mailing Address 1155 15TH STREET, NW
SUITE 410

/ /

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

Purpose of Disbursement
CONSULTING - COMPLIANCE

Category/
Type

Candidate Name
ACU-PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
MACKENZIE & COMPANY

Transaction ID: SB21B.13346
Date of Disbursement

Mailing Address 1155 15TH STREET, NW
SUITE 410

/ /

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

Purpose of Disbursement
CONSULTING - COMPLIANCE

Category/
Type

Candidate Name
ACU-PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
MACKENZIE & COMPANY

Transaction ID: SB21B.13347
Date of Disbursement

Mailing Address 1155 15TH STREET, NW
SUITE 410

/ /

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

Purpose of Disbursement
CONSULTING - COMPLIANCE

Category/
Type

Candidate Name
ACU-PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 102 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC**A.**Full Name (Last, First, Middle Initial)
MDI IMAGING & MAIL

Mailing Address 21721-A FILIGREE CT

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
DIRECT MAIL - PRINTINGCandidate Name
ACU-PAC003
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13267

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	9

Amount of Each Disbursement this Period

2001.66

B.Full Name (Last, First, Middle Initial)
MDI IMAGING & MAIL

Mailing Address 21721-A FILIGREE CT

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
DIRECT MAIL - PRINTINGCandidate Name
ACU-PAC003
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13287

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	9

Amount of Each Disbursement this Period

3891.30

C.Full Name (Last, First, Middle Initial)
MDI IMAGING & MAIL

Mailing Address 21721-A FILIGREE CT

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
DIRECT MAIL - PRINTINGCandidate Name
ACU-PAC003
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13339

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	9

Amount of Each Disbursement this Period

4039.02

SUBTOTAL of Disbursements This Page (optional)

9931.98

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 103 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

A.

Full Name (Last, First, Middle Initial)
US POSTMASTER

Mailing Address 416 FLORIDA AVE, NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
PO BOX RENEWAL

Candidate Name
ACU-PAC

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B.13268
Date of Disbursement

07 / 28 / 2009

Amount of Each Disbursement this Period

520.00

B.

Full Name (Last, First, Middle Initial)
WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
CAGING & ESCROW SERVICES

Candidate Name
ACU-PAC

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B.13270
Date of Disbursement

07 / 30 / 2009

Amount of Each Disbursement this Period

1544.52

C.

Full Name (Last, First, Middle Initial)
WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
CAGING & ESCROW SERVICES

Candidate Name
ACU-PAC

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B.13288
Date of Disbursement

08 / 06 / 2009

Amount of Each Disbursement this Period

1074.22

SUBTOTAL of Disbursements This Page (optional)

3138.74

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 104 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) WASHINGTON INTELLIGENCE BUREAU</p> <p>Mailing Address 4128 PEPSI PLACE</p> <p>City CHANTILLY State VA Zip Code 20151</p> <p>Purpose of Disbursement CAGING & ESCROW SERVICES</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13289</p> <p>Date of Disbursement 08 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1384.05</p> <p>001 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) WASHINGTON INTELLIGENCE BUREAU</p> <p>Mailing Address 4128 PEPSI PLACE</p> <p>City CHANTILLY State VA Zip Code 20151</p> <p>Purpose of Disbursement CAGING & ESCROW SERVICES</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13340</p> <p>Date of Disbursement 09 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1004.94</p> <p>001 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) WASHINGTON INTELLIGENCE BUREAU</p> <p>Mailing Address 4128 PEPSI PLACE</p> <p>City CHANTILLY State VA Zip Code 20151</p> <p>Purpose of Disbursement CAGING & ESCROW SERVICES</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13341</p> <p>Date of Disbursement 10 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1455.41</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

3844.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 105 / 111

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACU-PAC

A.

Full Name (Last, First, Middle Initial)

WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City
CHANTILLY

State
VA

Zip Code
20151

Purpose of Disbursement
CAGING & ESCROW SERVICES

Candidate Name
ACU-PAC

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13342

Date of Disbursement

11 / 12 / 2009

Amount of Each Disbursement this Period

927.95

SUBTOTAL of Disbursements This Page (optional)

927.95

TOTAL This Period (last page this line number only)

319864.98

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 106 / 111

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACU-PAC

A.

Full Name (Last, First, Middle Initial)
JIM HYLAND FOR DELEGATE

Mailing Address 301 MAPLE AVE

City VIENNA State VA Zip Code 22180

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.30780

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

Amount of Each Disbursement this Period

5000.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 107 / 111

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
ACU-PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
AVALANCE SERVICES INCNature of Debt (Purpose):
DIRECT MAIL - PRINTING

Mailing Address 53 MCGARRY BLVD

City State ZIP Code
KEARNYSVILLE WV 25430

Outstanding Balance Beginning This Period

5665.04

Transaction ID: SD10.13239

Amount Incurred This Period

0.00

Payment This Period

5665.04

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
BASE CONNECT, INCNature of Debt (Purpose):
DIRECT MAIL - CREATIVEMailing Address 1155 15TH STREET, NW
SUITE 410City State ZIP Code
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

10913.99

Transaction ID: SD10.4104

Amount Incurred This Period

31512.56

Payment This Period

42426.55

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CATTERTON PRINTINGNature of Debt (Purpose):
DIRECT MAIL - PRINTING

Mailing Address 100 POST OFFICE RD

City State ZIP Code
WALDORF MD 20602

Outstanding Balance Beginning This Period

3600.00

Transaction ID: SD10.4107

Amount Incurred This Period

0.00

Payment This Period

3600.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 108 / 111

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
ACU-PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
CENTURY DATA MAILING SERVICENature of Debt (Purpose):
DIRECT MAIL FUNDRAISINGMailing Address 1155 15TH STREET, NW
SUITE 410City State ZIP Code
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

21682.50

Transaction ID: SD10.4110

Amount Incurred This Period

129291.52

Payment This Period

150974.02

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CENTURY DATA SYSTEMS CORPNature of Debt (Purpose):
DATA PROCESSINGMailing Address 1155 15TH STREET, NW
SUITE 410City State ZIP Code
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.13277

Amount Incurred This Period

10487.90

Payment This Period

10487.90

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
COLORTREE, INC. OF VIRGINIANature of Debt (Purpose):
DIRECT MAIL - PRINTING

Mailing Address 2519 BRITTONS HILL RD

City State ZIP Code
RICHMOND VA 23230

Outstanding Balance Beginning This Period

2886.45

Transaction ID: SD10.4118

Amount Incurred This Period

2935.80

Payment This Period

5822.25

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 109 / 111

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
ACU-PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
CONSOLIDATED MAILING SERVICESNature of Debt (Purpose):
DIRECT MAIL - PRINTINGMailing Address 504 SHAW RD
SUITE 206City State ZIP Code
STERLING VA 20168

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.13311

Amount Incurred This Period

39127.65

Payment This Period

39127.65

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ELECTRONIC REPORTING SYSTEMSNature of Debt (Purpose):
ELECTRONIC DISCLOSURE REP-
ORTINGMailing Address 1155 15TH STREET, NW
SUITE 410City State ZIP Code
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.13317

Amount Incurred This Period

1225.80

Payment This Period

1225.80

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
LEGACY LISTS, INCNature of Debt (Purpose):
LIST RENTALSMailing Address 1155 15TH STREET, NW
SUITE 410City State ZIP Code
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

6636.10

Transaction ID: SD10.4131

Amount Incurred This Period

29359.26

Payment This Period

35995.36

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 110 / 111

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
ACU-PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
MACKENZIE & COMPANYNature of Debt (Purpose):
CONSULTING - COMPLIANCEMailing Address 1155 15TH STREET, NW
SUITE 410City State ZIP Code
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.13343

Amount Incurred This Period

4500.00

Payment This Period

4500.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MDI IMAGING & MAILNature of Debt (Purpose):
DIRECT MAIL - PRINTING

Mailing Address 21721-A FILIGREE CT

City State ZIP Code
ASHBURN VA 20147

Outstanding Balance Beginning This Period

2001.66

Transaction ID: SD10.4135

Amount Incurred This Period

7930.32

Payment This Period

9931.98

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
STRATEGIC CAMPAIGN GROUPNature of Debt (Purpose):
POLITICAL MANAGEMENT & FU-
NDRAISING SERVICESMailing Address 4600 N FAIRFAX DR
SUITE 802City State ZIP Code
ARLINGTON VA 22203

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.30790

Amount Incurred This Period

21000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

21000.00

1) **SUBTOTALS** This Period This Page (optional).....

21000.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 111 / 111

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
ACU-PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
WASHINGTON INTELLIGENCE BUREAUNature of Debt (Purpose):
CAGING & ESCROW SERVICES

Mailing Address 4128 PEPSI PLACE

City State ZIP Code
CHANTILLY VA 20151

Outstanding Balance Beginning This Period

1544.52

Transaction ID: SD10.4139

Amount Incurred This Period

5846.57

Payment This Period

7391.09

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

0.00

2) **TOTALS** This Period (last page this line number only)..... ▶

21000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

21000.00